



**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number 10/036,558

Filing Date 12/21/01

First Named Inventor Frederick L. Martin

Group Art Unit 2685

Examiner Name NGUYEN, SIMON

RECEIVED

AUG 27 2004

Technology Center 2600

Attorney Docket Number CM03052J

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Statement Establishing same Owner
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature			
Date	8/18/04		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Maria E. Rodriguez		
Signature			
	Date	8/18/04	



FEE TRANSMITTAL

Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 110.00)

<i>Complete if Known</i>	
Application Number	10/036,558
Filing Date	12/21/01
First Named Inventor	Frederick L. Martin
Examiner Name	NGUYEN, SIMON
Group Art Unit	2685
RECEIVED	
AUG 27 2004	
Technology Center 2600	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number **502117**
Deposit Account Name **Motorola, Inc.**

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application, except for issue fee
 Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 780	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	18	- 24	= <input type="text"/>	X 18 = <input type="text"/>
Multiple Dependent	3	- 7	= <input type="text"/>	X 86 = <input type="text"/>

SUBTOTAL (2) (\$)

Large Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	* Reissue independent claims over original patent	
1205 18	2205 9	* Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above.

Technology Center 2600

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description
Code	Fee (\$)	Code
1051	130	2051 65 Surcharge – late filing fee or oath
1052	50	2052 25 Surcharge – late Provisional filing
1053	130	1053 130 Non-English specification
1812	2520	1812 2520 For filing a request for ex parte Reexamination
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action
1805	1840*	1805 1840* Requesting publication of SIR after Examiner action
1251	110	2251 55 Extension for reply within first month
1252	420	2252 210 Extension for reply within second month
1253	950	2253 475 Extension for reply within third month
1254	1480	2254 740 Extension for reply within fourth month
1255	2010	2255 1005 Extension for reply within fifth month
1401	330	2401 165 Notice of Appeal
1402	330	2402 165 Filing a brief in support of an appeal
1403	290	2403 145 Request for oral hearing
1451	1510	1451 1510 Petition to institute a public use proceeding
1452	110	2452 55 Petition to revive – unavoidable
1453	1330	2453 665 Petition to revive – unintentional
1501	1330	2501 665 Utility issue fee (or reissue)
1502	480	2502 240 Design issue fee
1503	640	2503 320 Plant issue fee
1460	130	1460 130 Petitions to the Commissioner
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)
1806	180	1806 180 Submission of IDS
8021	40	8021 40 Recording each patent assignment per property (times number of properties)
1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801 385 Request for Continued Examination (RCE)
1802	900	1802 900 Request for expedited examination of a design application
Other fee (specify)		Terminal Disclaimer 110.00

SUBTOTAL (3) (\$ 110.00)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) **Barbara R. Doutre**

Signature 

Registration No. **39,505** Telephone **954-723-6449**

Date **8/18/04**